

Telemedicine Outcomes Study

System Information Survey

Program: _____

Site: _____

Date site became operational: _____

Completed by: _____

Phone Number: _____

1a. What technology is available at this site? (Mark all that apply)

- ☐ 1 - Interactive video
- ☐ 2 - Interactive audio with still image transmission
- ☐ 3 - Two-way audio, one-way video
- ☐ 4 - Store-and-forward audio-video
- ☐ 5 - Store-and-forward video (still images)
- ☐ 6 - Interactive data transfer (no images)
- ☐ 7 - Store-and-forward data transfer (no images)
- ☐ 8 - Telephone only
- ☐ 9 - None of the above

If you answered "interactive video" to question 1a:

1b. What brand and model of CODEC is used at this site?

- ☐ 1 - Brand: _____
- ☐ 2 - Model: _____

2a. Which of the following telemedicine services are available at this site? (Mark all that apply)

- ☐ 1 - Routine consultation and second opinions
- ☐ 2 - Teleradiology
- ☐ 3 - Telepathology
- ☐ 4 - Management of chronic conditions
- ☐ 5 - Medical follow-up
- ☐ 6 - Surgical follow-up
- ☐ 7 - Emergency consultation and triage
- ☐ 8 - Other (specify): _____
- ☐ 9 - None of the above

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If you indicated "routine consultations and second opinions" in question 2a:

2b. Which peripheral devices are available? (Mark all that apply)

- ☐ 1 - Electronic stethoscope
- ☐ 2 - Otoscope
- ☐ 3 - Ophthalmoscope
- ☐ 4 - Endoscope (GI)
- ☐ 5 - Endoscope (ENT)
- ☐ 6 - Dermoscope
- ☐ 7 - Document camera
- ☐ 8 - Ultrasound
- ☐ 9 - Echocardiogram
- ☐ 10 - Electronic medical record
- ☐ 11 - Other
- ☐ 12 - None

If you answered "other" to question 2b:

2c. Specify other peripheral devices _____

If you answered "teleradiology" to question 2a:

2d. What brand and model of film digitizer is used at this site?

- ☐ 1 - Brand: _____
- ☐ 2 - Model: _____

If you answered "teleradiology" to question 2a:

2e. What software (and version) is used to operate the teleradiology unit?

- ☐ 1 - Software: _____
- ☐ 2 - Version: _____

3. Are any of the following available at this site, through the telemedicine system?

- ☐ 1 - Supervision of mid-level providers
- ☐ 2 - Resident/student precepting
- ☐ 3 - Medical (professional) education
- ☐ 4 - Medical administration
- ☐ 5 - Other (specify): _____
- ☐ 6 - None of the above

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Forms Pertaining to Use of Telemedicine by Referring Providers

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**PROVIDER INFORMATION FORM
OVERVIEW/PROTOCOL
(PIF)**

- PURPOSE:** To obtain provider (originating or consulting) information at the time of the provider's first use of the telemedicine system. This instrument consists of several questions, the purpose of which is to obtain information regarding the provider's background and familiarity with telemedicine.
- HOW COLLECTED:** Data will be obtained either by the Referring Facility Data Collector or the Consulting Facility Data Collector (as appropriate). If the provider is willing to do so, he or she can complete the PIF at the time of the first consult. If for some reason the provider is unable or unwilling to complete the PIF at that time, the Data Collector will obtain answers to these questions from the provider.
- WHEN COLLECTED:** The PIF should be completed only once. This should be done at some point between the provider's decision to use telemedicine for the first time in this study, and up to the time of the telemedicine consult for which his/her first patient was referred. A provider may or may not have used telemedicine prior to the beginning of data collection. In either case, the provider should complete this form the first time he/she refers or accepts a patient for a telemedicine consultation in the course of this study.
- INSTRUCTIONS:** If the provider completes the PIF himself or herself, the provider should mark the correct response as appropriate or print answers/numbers where requested. Once completed by the provider, the Data Collector should immediately check the instrument for completeness and clarity of all responses. If any questions are unanswered, or if the provider's response is unclear, the Data Collector should ask the provider for the correct answer. If the Data Collector interviews the provider, ask all questions of the provider unless specifically directed to skip questions based on a previous answer.

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Provider Information Form

Site: _____
Patient: _____
Consult Date: _____
Primary Provider: _____
Consulting Provider: _____

1. Gender: ☐ Male ☐ Female

2a. Discipline/Specialty (Mark all that apply)

- ☐ Primary care physician (internist, family practice, general practitioner, general surgeon)
- ☐ Physician specialist or subspecialist
- ☐ Nurse practitioner
- ☐ Physician assistant
- ☐ Nurse
- ☐ Nurse midwife
- ☐ Dentist
- ☐ Pharmacist
- ☐ Other

If you answered "physician specialist or subspecialist" in question 2a:

2b. Please specify specialty/subspecialty: _____

If you answered "other" to question 2a:

2c. Specify other discipline/specialty _____

3a. Primary type of practice.

- ☐ Solo practice → Skip to question 4a
- ☐ Group

If you answered "group" to question 3a:

3b. Number of providers in group _____

If you answered "group" to question 4a:

3c. Are others in this group using telemedicine?

- ☐ Yes
- ☐ No
- ☐ Don't know

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4a. What is your practice setting?

- ☐ Academic medical center
- ☐ Private practice
- ☐ Employed by HMO
- ☐ Employed by hospital
- ☐ Rural Health Clinic/Community Health Clinic
- ☐ Other

If you answered "other" to question 4a:

4b. Specify other practice setting _____

5. Primary office address:

Street address: _____

Suite number or post office box: _____

City: _____ State: _____ Zip: _____

6. Phone Number: (____) _____

7. Fax Number: (____) _____

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TELEMEDICINE SESSION INFORMATION - Originating Site
OVERVIEW/PROTOCOL
(TSIORG)

PURPOSE: To obtain basic information on the length of time the referral provider or originating presenter participated in the telemedicine session.

HOW COLLECTED: Data will be recorded immediately after each telemedicine session by the Referring Facility Data Collector. Because these questions concern the time spent during the telemedicine session, it is important to record this information during the session.

WHEN COLLECTED: Immediately after each telemedicine session.

INSTRUCTIONS: The data collector should complete items on the form immediately after the session itself.

Telemedicine Session Information (Originating Site)

Site: _____
Patient: _____
Consult Date: _____
Primary Provider: _____
Consulting Provider: _____

1. How long was the originator of the referral involved in this session? (Enter "0" if the originator was not present.)

_____ hours/minutes

2. How long was a presenter other than the originator of the referral involved in this session? (Enter "0" if the originator was the person who presented the patient to the consultant.)

_____ hours/minutes

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**REFERRAL ORIGINATOR INFORMATION FORM
OVERVIEW/PROTOCOL
(ROIF)**

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PURPOSE:

To obtain information from the primary care provider who initiated the consult on patients participating in the study. This instrument consists of several questions concerning the referring provider's interest in obtaining a consult. The purpose is to obtain information in the following areas:

- 1) reason for the consult;
- 2) specialty of consultant;
- 3) differential diagnosis; and
- 4) management of patient.

HOW COLLECTED:

Data will be obtained by the Referring Facility Data Collector. If the provider is able and willing to do so, he or she can complete the ROIF between the referral of the patient and the actual consult. If for some reason the provider is unable or unwilling to complete the ROIF during that time, the Data Collector will obtain answers to these questions directly from the provider.

WHEN COLLECTED:

The ROIF should be completed some time during the interval between the referral of the patient and the telemedicine consultation. This form must be completed for all eligible telemedicine consultations.

INSTRUCTIONS:

If the referring provider completes the ROIF, he or she should mark the correct response as appropriate, or print answers/numbers where requested. Once completed by the provider, the Data Collector should immediately check the instrument for completeness and clarity of all responses. If any questions are unanswered, or if the provider's responses are unclear, the Data Collector should ask the provider for the correct answer. If the Data Collector interviews the provider, ask all questions of the provider unless specifically directed to skip questions based on a previous answer.

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Referral Originator Information Form

Site: _____
Patient: _____
Consult Date: _____
Primary Provider: _____
Consulting Provider: _____

1. Please indicate the type of referral:

- ☐ Medical emergency
☐ Patient education
☐ Routine consultation
☐ None of the above

2a. What is the primary reason for the referral?

- ☐ To establish a diagnosis
☐ To obtain a second opinion
☐ To obtain recommendations for management
☐ Refer to consultant for ongoing management of a chronic condition
☐ Referral for treatment of acute exacerbation of a chronic condition
☐ Referral for treatment of an acute or self-limited condition
☐ Other

If you answered "other" to question 2a:

2b. Specify other reason _____

3. Was this a pediatric consultation?

- ☐ Yes
☐ No

4. Please classify this consult by medical specialty? _____

5a. What is the current status of this patient?

- ☐ Inpatient
☐ Outpatient
☐ Home health care patient
☐ Nursing home
☐ Other

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